# ATTACHMENT PART 4

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- 11 apr 49
                                                  Pharmacy Services
teres version
                                     - FCI MCKEAN, PA 16701
                                                                 814-RX400091204 Pa Gomez 1/6/00
 WE REPARES OF STREET THE CORE
                                                                    _Siggers, K.
                                       RX400090296
                                                                                             51627-060
                                                       M TARR
                                                                    Insert 1 suppository in the rectum
                                       SIGGERS, KEVIN L
                                                                    ^{5}twice daily as directed
                                      TAKE 1 TABLET EVERY 4-6 HOURS AS NEEDED I
 化氯化邻苯 解抗 电扩射器 计成功工作
                                                                    HC Rectal Suppos
                                      PAIN
                                                                    cg 1 refill . 3/6/00
                                      ACETAMINOPHEN 500 MG TABLET
                                                 O REFILLS
                                                              EXPIRES
                                                                    RX400091205 Pa Gomez 1/6/00
                             3-17-19-64
                                     RX 400089761 Pa Hamandi 12/Siggers, K.
 所以是《西蒙异族诗节》(1870年) [4](18 a bay (4)。
                                                                                            51627-060
                                     Siggers, K.
                                                             51627-
                                     Take 2 tablets at 5:30pm pill Apply to rectal area before and
                                     (time change edit by PA Hamar **EXTERNAL USE ONLY**
                                                                   Dibucaine Oint.
           * PRESENTATION STREET NOTICE OF Trazodone Hc1 50mg Tab
                                                                                             #1
                                                                  o: cg
                                                                                l refill
                                   l cg
                                                  2 refills
                                                                                            3/6/00
学りたかい 59年 、 夕年 (673)
                           F1 =- 10 [+6960
                                                                    RX400091206 Pa Gomez 1/6/00
                10 00 50% 1 12/15/09 RX400090612 Dr. Olson
                                                                    Siggers, K.
                                                                                           51627-060
                                                               12/2 Take 1 capsule every day
DANG I GARESTE ESEST DAN ERDRING AFRAGA EK
                                                               5162;
Docusate 100mg
WATSEEL (14 74)864872:
                                     Siggers, K.
                                                                                           #10
                                     Take 1 tablet every 12 hours cg
                                                                           1 refill 2/6/00
                                     finished
the party and the first for the second to
                                     Cipro 500mg
                                                               #20
           TVOTER AND SO CG
                                                  0 refills
                                                               01/08
          -- Pharmacy Services
                                                                   RX400091490 Pa Tarr 1/13/00
 FCI MCKEAN, PA 16701
                           814-362-8900
                                                                    Sigger, K.
                                                                                          51627-060
RX400090294
                             12/16/95 RX400090613 Dr. Olson 12/2; Take 1 tablet twice daily **may
                 M. TARR
                             51627-060 Siggers, K.
                                                              51627 make drowsy**
TAKE I TABLET 4 TIMES A DAY WITH FOOD FOR 10
                                     Take 1 tablet 3 times daily aAllerfrim
DAYS UNTIL FINISHED
                                    needed **may make drowsy**
                                                                                  0 refills 1/20/00
                                     Allerfrim
FRYTHROMYCIN BASE 250 MG TABLET
                             #40
                                                  0 refills 01/08
           O REFILLS
                    EXPIRES 12/26/96
            Pharmacy Services
                                                                   RX400091491 Pa Tarr
                                                                                           1/13/00
                           814-362-8900
FCI McKEAN, PA 16701
                                                                   Siggers, K.
                                                                                           51627-060
                                    RX400090614 Dr. Olson 12/27 Take I tablet every 4-6 hours as
                              12/16/99
RX400090295
                             51627-060 Siggers, K.
                                                             51627 needed for pain
SIGGERS.KEVIN L
                                    Take 2 tablets every 8 hours Acetaminophen 500mg #20
TAKE 1 TABLET TWICE A DAY **DRINK PLENTY OF
                                    needed
FLUIDS**
                                                                                  l refill 2/14/00
                                    Acetaminophen 500mg
                                                            #25
GUATFENESIN LA 600MG
                             #10
                                                0 refills
                                    cg
                                                             01/08/00
           O REFILLS
                        EXPIRES 12/21/96
                                                                            REG.NO. 51427-060
                                  Siggur, Keuri
TI McKezn
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Bradford, PA 16701

### Case 1:03-cv-00355-SJM-CHRICKE DOCHMANN ALEY8 Filed 02/16/2006 Page 3 of 41 Rx400091801 100379 GOMEZ-LEON 02/14/2 FCI MCKEAN PHARMACY Pa Tarr 1/25/00 SIGGERS, KEVIN LAMAR Siggers,K 102909 GOMEZ-LEON 51627-060 MCK - C02-228U 04/20/2000 SIGGERS, KEVIN LAMAR TAKE TWO TABLETS EVERY 6-8 HOURS AS Take 1 tablet twice a day 51627-060 NEEDED MCK - C02-228U TAKE 1 TEASPOONFUL THREE TIMES DAILY \*\*SHAKE WELL\*\* Cipro 500mg #20 dao 0 Refills 2/6/00 ACETAMINOPHEN 500 MG CAPL (1) Refills 02/14/2000 CLO BISMUTH SUBSALICYLATE 262MG / 15M ... CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed. (0) Refills 04/20/2000 CLO PxExp 05/09/00 CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed. Rx400091802 FCI MCKEAN PHARMACY PA Tarr 1/25/00 FCI MCKEAN PHARMACY Siggers,K 102140 **FLATT** 51627-060 SIGGERS, KEVIN LAMAR 103771 **FAIRBANKS** Take 1 tablet twice a day 05/12/2000 MCK - C02-22811 SIGGERS, KEVIN LAMAR TAKE TWO TABLETS FOUR TIMES DAIL MCK - C02-228U 51627-060 \*\*may cause drowsiness\*\* TAKE TWO TABLETS EVERY EIGHT HOURS AS Allerfrim #10 dao ACETAMINOPHEN 500 MG CAPL 1 Refill 2/6/00 (2) Refills 03/30/2000 CLO FIXES ACETAMINOPHEN 500 MG CAPL CAUTION: Federal/State law prohibits transfer of (0) Refills to any person other than patient for whom prescri CAL FCI MCKEAN PHARMACY 05/12/2000 CLO RxExp 05/31/00 CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed. 100020 GOMEZ-LEON 02/03/2000 FCI MCKEAN PHARMACY SIGGERS, KEVIN LAMAR 51627-060 MCK - C02-228U 102153 HAMANDI 03/30/2000 2 DROPS IN AFFECTED RIGHT EAR THREE TIMES SIGGERS, KEVIN LAMAR 51627-060 DAILY MCK - C02-228U TAKE TWO TABLETS AT 8:30PM PILL LINE Never received chart until 3/30/00 (300° NEOMYCIN/POLY B/HC OTIC SUSP ML Ħ 10 Clinic 3/3/00. Pxedit 3/30/00. (0) Refills 02/03/2000 CLO FCI MCKEAN PHARMACY TRAZODONE 50 MG TAB CAUTION: Federal law prohibits transfer of this drug (8) Refills 03/30/2000 CLO RxExp ( 104036 FC! MCKEAN PHARMACY **FAIRBANKS** CAUTION: Federal/State law prohibits transfer of this to any person other than patient for whom prescribed SIGGERS, KEVIN LAMAR 05/19/2000 02/03/2000 100021 GOMEZ-LEON MCK - C02-228U 51627-060 FCI MCKEAN PHARMACY TAKE ONE TABLET TWICE DAILY \*\*MAY CAUSE **3IGGERS, KEVIN LAMAR** 51627-060 VCK - C02-228U 102907 GOMEZ-LEON **TAKE ONE TABLET TWICE DAILY** 04/2 SIGGERS, KEVIN LAMAR 516 MCK - C02-228U TAKE ONE TABLET TWICE DAILY \*\*MAY C: TRIPROLIDINE/PSEUDOEPHEDRINE.2.5. 05/19/2000 DAO RxExp 05/28/00 **FRIPROLIDINE/PSEUDOEPHEDRINE 2.5** CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed. 10 0) Refills 02/03/2000 CLO CAUTION: Federal law prohibits transfer of this drug TRIPROLIDINE/PSEUDOEPHEDRINE 2.5 FCI MCKEAN PHARMACY (0) Refills CI MCKEAN PHARMACY 04/20/2000 CLO **AXEXP 0** CAUTION: Federal/State law prohibits transfer of this 104037 **FAIRBANKS** 100022 GOMEZ-LEON 02/03/2000 SIGGERS, KEVIN LAMAR 05/19/2000 FCI MCKEAN PHARMACY JIGGERS, KEVIN LAMAR MCK - C02-228U 51627-060 51627-060 TAKE TWO TABLETS EVERY EIGHT HOURS AS 1CK - C02-228U 102908 GOMEZ-LEON AKE 2 TABLETS EVERY 8 HOURS AS NEEDED SIGGERS, KEVIN LAMAR MCK - C02-228U TAKE TWO TABLETS EVERY EIGHT HOU ACETAMINOPHEN 500 MG CAPL CETAMINOPHEN 325 MG TAB 20 # 05/19/2000 DAO )) Refills 02/03/2000 CLO CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed. RxExp 06/07/00

CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

ACETAMINOPHEN 325 MG TAB (0) Refills 04/20/2000 CLO

# 2n RxExp 05/09/00

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN, P	Сая <u>я 1:</u> 03 <sub>5</sub> см A 16701	<mark>(7990355-SJM-S</mark> 814-362-8900	SPB Document 48-8561 (Filed 02/16/2006 Page 4 of 41 670) 81
RX400078682	W. FLATT	01/13/99	9 RX400085103 Dt. D. 01500 Final Analysis (1985) 1 Proceedings (1985) 1
SIGGERS, KEVIN	L	51627-060	O SIGGERS KEVIN L
HWE S LUREEL	S 4 TIMES A DAY A	AS NEEDED	O SIGGERS.KEVIN ( TAKE 1 CAPSULE EVERY DAY **ORINK PLENT LANGUATE DE LA HATTER**
ACETAMINOPHEN	EAR NO TABLET	***	DOCUSATE SODIUM 100 MG CAPSULE OF STATEMENT
DAO	O REFILLS	#24 FXPIRFS 02/12/99	Y Control of the Cont
FCI McKEAN, PA	Pharmacy Servic 16701	ces 814-362-8900	814-3 (Va MCKEAL) 40 1270;
RX400078683	W. FLATT	01/13/99	RX400085104 [Jr. [L. 01.508] A EXAMPLE 7.2
SIGGERS, KEVIN	L RECTALLY TWICE A	51627-060	INSERT ONE (1) SUPPOSITORIE RECTALLY 3 IT TAKE I CORSULE OMES -
			DAY AS NEEDED KATER** (PA FAIRBANES)
HYDROCORTISONE	25 MG RECTAL SUP		HYDROCORTISONE 25 MG RECTAL SUPPOS #1 (MCHSGT: SEPTIM 100 Mg alexa a
DAO	O REFILLS	EXPIRES 01/25/99	CG 1 REFTILLS EXPIRES OF 1 REFTILLS EXPIRES 120000
FCI McKEAN, PA 1	Pharmacy Service 16701	is 814-362-8900	PHarmacy Services FCI McKEAN, PA 16701 814-3 FCI McKEAN. FA 16701 814-362-8900 RX400085283 W. HAMANDI
		n1/17/00	RX400085283 W. HAMANDI C.
		£1/03 A/A	NIGGER VENTO
	AT BEDTIME AS NE	EDED **DRINK	SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGRAL L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGGERS, KEVIN L  SIGR
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		#20 n EXPIRES 02/12/99	
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FCI MCKEAN, PA		814-362-8900	FGI MCKEAN, PA 16701 814 FGI MCKEAN, PA 16701 5141702-4900
RX400081010 SIGGERS, KEVIN L	Pr. D. OLSON	03/05/99	RX400085284 W. HAMANDI
TAKE 1&1/2 TABL	ETS AT 8:30PM PIL	L LINE	DISSOLVE ONE (1) TEASPOONFUL IN A GLAS! TAKE 1 TABLET 4 TIMES A DOT WITH FOOD FOR 7  DAYS UNTIL FINISHED
TRAZODONE HOL 50	NG TARLET	H, J and	PSYLLIUM HYDROPHILIC MUCILLOID POWDER SHYTHROMYCIN FARE 250 MG TARLET FOR
06 2	2 REFILLS	EXPIRES 06/03/99	O REFTILE
r FOI MoREAR, PA 16	Misumado <mark>se</mark> lvicas 67 <u>01</u>		FCI MONEAN, PA 16701 81 1 4890 BE TELL
RAIN OF A PH	1001,177.73		F() Morrial PA (60%) 0(4-)og- 5 m
Hendes/Keabh (		51627-060 S	STORERS, MEVIN 1 PAROLOGYPET 10 TQLE
iake iwiyo qabter H sedirma i	TE (7506) AT 8.30		TAKE 1 AND 1/2 TABLETS (75MG) AT 8:30F SIGNERS.REVIA L REPORT A MAY ARMAY CAUSE MEGNET TRANSFER TWICE A MAY ARMAY CAUSE MEGNETICES.RE
Baronama en an	MC TARIST	<b>维达</b> 克	TRAZGRANE HOL SO MG TARLET
ig g	DEE: St	vbibie 05/02/95 - 1	TRAZOPONE HOL SO MG TARLET OG 2 EFFILLS EXPIR: 4LLSSSRIM 148LETS 60MG-7.3MG #10
			· · · · · · · · · · · · · · · · · · ·

Filed 02/16/2006 Page 5 of 41 Case 1:03-cv-00355-SJM-SPB Document 48-8 Pharmacy Services Pharmac, Sardices FCI MoKEAN, PA 16701 814-362-8900 FCI MCKEAN, PA 16/01 814~362-8900 RX400080220 Pharmady Services 02/19/99 PX400075617 01. 0. 01500 10/22/98 FCI MCKEAN, PA 16701 814 SIGGERS, KEVIN L SIGGERS, KEVIN L 51627-060 51627-060 \_\_\_ TAKE 2 TABLETS 4 TIMES A DAY AS NEEDED RX400077360 R. SPQUIN TAKE 1 TABLET AT 6:45AM PILL LINE AND TAKE 2 TABLETS AT 8:30PM PILL LINE SIGGERS, KEVIN L TAKE 1 TABLET AT 8:30 PILL LINE ACETANTHOPHEN SOO MG TARLET TRAZODONE HOL SO MG TARLET V BELLIII & EXBIBLE 11/51/48 2 REFILLS TYPIRES OS 120/498 TRAINDONE HOL SA MC TARLET Manager (Strates) Pharmacy Services rypipes, FOI Mokeaw, Pa 16/0) 2 REFTIIS FCI MCKEAN, PA 16701 814-362-8900 RX400080775 N FLATT STORERS, XEVIA L RX400075905 S. GEORGY 10/28/98 Pharmacy ceretose 814-: TAKE 1 TABLET TWICE A DAY AS DEEDED \*\*MAY CAUSE SIGGERS, KEVIN L 51627-060 FCI MakEAN, PA 16701 REFUSAL FORM SIGNED AS PER PA GEORGY 10/28/98 DROWSTRESS\*\* RX400077495 M. TARR FOR MORNING DOSE OF TRAZODONE SIGGERS, KEVIN L TRAZODONE HOL SO MG TABLET From 12/4/98 entry ( A BEETLIF LYUTURE ARMO GO A REFILLS EXPIRES 11/27/98 Sapramaria secutiones CIPPOTIONACTH HOU ROO NG TARLET # FUL MORERK, Re 16701 bystwark paintnes FCI McKEAN, PA 16701 u beente exaltes. Examen e E titu 814-362-8900 RX400076736 R. SAQUIN SIGGERS, KEVIN L Pharmacy Services SIGGERS, SEVIN L 11/19/98 FCI McKEAN, PA 16701 814 TAKE 1 TABLET & TIMES A DWY AS MEEDED WITH FOOD 51627-060 TAKE 1 TABLET 1 OR 2 TIMES DAILY AS NEEDED WITH RX400078456 M. TARR SIGGERS, KEVIN L TAKE 1 TABLET EVERY DAY OR TWICE A DAY - ISUTBORET AND BE FARIET TRUBENTEH HAN HE TABLET A LEG RELIEFS EXCESSES WHITH O NEEDED WITH FOOD 1 REFILLS FYPTRES 19/Aq/ap Pharmacy pervices IBUPROFEN 400 MG TABLET #20 FCI MCKEAN, PA 16701 1 REFILLS EXPIRES 03/06/99 814-362-8900 Pharmacy Services RX400076737 R. SAQUIN 11/19/99 FCI MCKEAN, PA 16701 SIGGERS, KEVIN L 51627-060 814-362-8900 APPLY TO AFFECTED AREA TWICE A DAY \*\*EXTERNAL RX400078681 SE ONLY\*\* W. FLATT 01/13/99 SIGGERS, KEVIN L TAKE 2 TABLETS 3 TIMES A DAY UNTIL FINISHED TOURSTAIR 18 TOPICAL CREAM. 1 BEFTILLS FYEIRES 12/29/98 FRYTHROMYCIN BASE 250 MG TABLET DAG OUREFILLS EXPIRES 01/20/99

FCI McKean P.O. Box 5000 Readford, PA 16701

NAME: Siggers Kevin REG. NO.: 51427-060

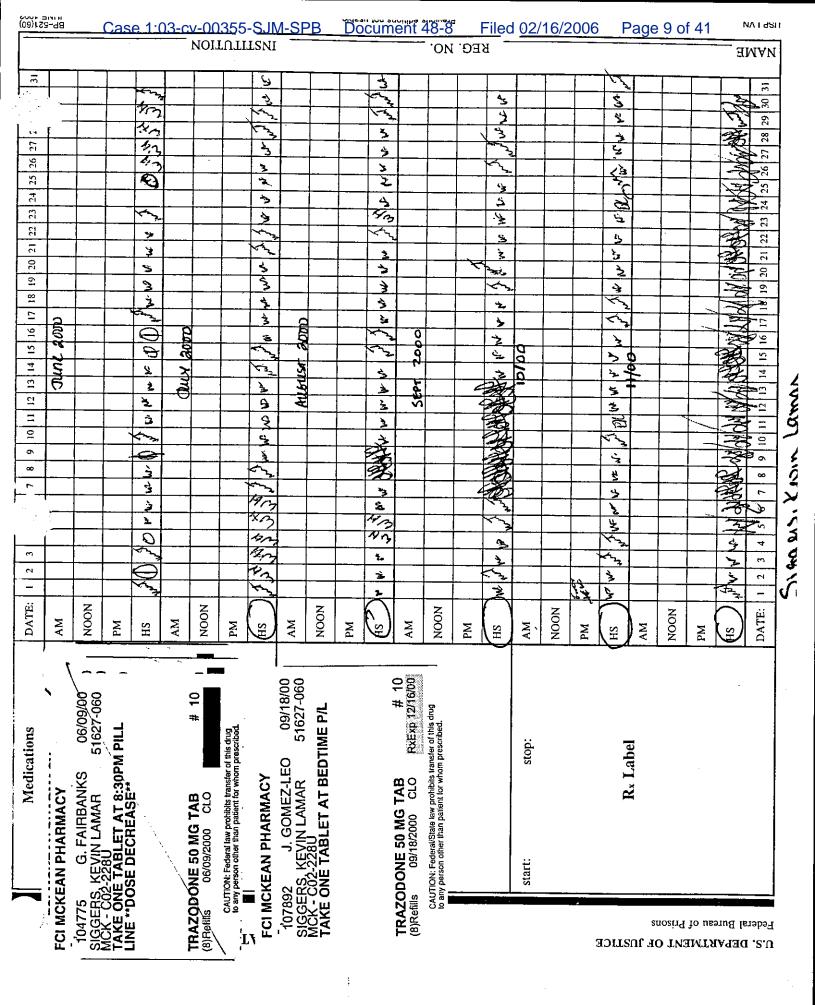
# Medication Sheet-Health Services Unit

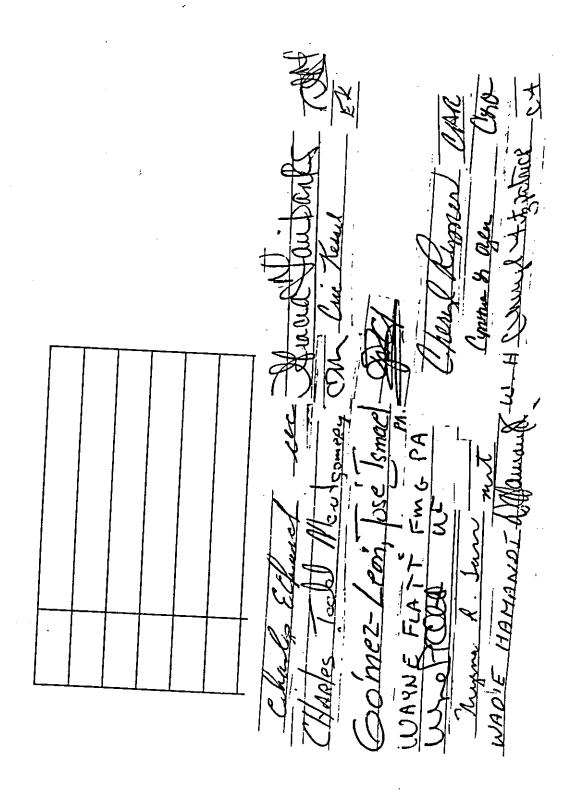
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#1 # PECTIC(#) #2 EXPENDED 11/25/F8  ***********************************		
RYANGLOSCEZ V. PROVIRS 16/16/98 SCORING, MENTY SARE 1 CAPBULE BY MOUTH YELLE A DAY (HOSP - 3)		en e
DEPMENTABLIST HET 30 MG CAPARES 11/19/36 FE A MEESTICES) EXPLISES 11/19/36		
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Record	15 16 17 18 19 20	9									s - Self Administered	Diagnosis: Stloat-Call Physician:
Medication Administration Record	1 2 3	S of residence with the control of t			FCI MCKEAN PHARMACY 12/15/00 110687 SIGGERS KEVIN LAMAR MCKEAN HOUSING FACILITY - C02-228U MCKEAN HOUSING FACILITY - C02-228U MCKEAN HOUSING FACILITY - C02-128U MCKEAN HOUSING FACILITY - SOMG AT	, –	(0)Refills CAUTION: Federal/State law prohibits transfer of this drug court on person other than patient for whom presorbed.				d DC - Disc	WT: Allergies: S ، الاسلام S
	Order Date	Exp. Date That I do no 50 met.  BX# The bacture Pll.	FCI MCKEAN PHARMACY 107892 J. GOMEZ-LEO 09/18/00 SIGGERS KEVIN LAMAR 51627-060 MCKEAN HOUSING FACILITY - C02-228U TAKE ONE TABLET AT BEDTIME P/L	# C	TRAZODONE 50 MG TAB #10    (8)Refills 09/18/2000 CLO RXEXp 12/16/00    CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.					Exp. Date RX #	nentation Codes: H - Hold	Unit: Pill Line#: Pt. Name: Line#





U.S. DEPARTMENT	OF JUSTICE	Federal Burea	u of Prisons	PILL LINE	MED	DICATION SH	HEET	BP-521 (60) FEBRUARY 19
	Rx Label	start: stop:		Rx Label	start: stop:	TRAZODONE 50 MG TAB # 20 (8) Refills 03/30/2000 CLO RXExp 06/27/00 CAUTION: Federal/State law prohibits transfer ct this drug to any person other than patient for whom prescribed.	S, KEVIN )2-228U <b>/O TABL</b>	FCI MCKEAN PHARMACY 102153 HAMANDI
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NAME_SIGS	iew. K.	;	reg no 5	1627-060	$\sim$	INSTITUTION	THE POINT	(ene

Case 1:03-cv-00355-SJM-SPB Document 48-8 Filed 02/16/2006 Page 12 of 41 U.S. DEPARTMENT OF JUSTICE PILL LINE MEDICATION SHEET Federal Bureau of Prisons BP-521 (60 FEBRUA STELL STORY 3,4550 th A5 SIGGERS, KEVIN L FOI NUMBER TAKE 1 AND 1/2 TABLETS (75475) AT 8:30PM PILL RX400086557 SIGGERS, KEVIH L TRAZODONE HOL 50 MG TABLET TAKE L&1/2 TABLETS (75MG) AT 8:30PM PILL LINE ( 986480004XX FOI MOKEAN, PA ž [57(j) 16701 SHIJAB Pharmacy Services Medications T. ROMEZLEON HAMANOL Oct of Sha Expres 12.06/20 FXPIRES 09/05/99 814-362-8900 51627~060 09/07/99 [] (H) (**4** 06/07/99 51627-060 NOON (F) ĸ R ¥ NOON Ž A Z E Ř NOON × 품. R NOON SF, ΑM NOON Ä PM NOON PM SH × DATE: زيزت ٣ STGGERS. £ 2 ىن **E** Kevin っ J 47 ō, \* \$ 150 E ~ ~ 4 œ oc ₹ ¢ 4/4 ç ξ Ξ A⊮GUST ٤ NH E = 2 12 [3] ū 1999 ₹, ₹ 4 4 Ę 15 15 3 6 7 ₹ 17 <u>~</u> · V Z 27 3 5 20 3 2 76 1 22 22 1 ই 13 12 3 1, 2 Ž, 5.5 26 36 27 2 45 9 Kevin NAME Siggers. INSTITUTION CONTROL OF Makes REG. NO. 51627-060

Case 1:03-cv-00355-SJM-SPB Document 48-8 Filed 02/16/2006 Page 13 of 41 U.S. DEPARTMENT OF JUSTICE PILL LINE MEDICATION SHEET Federal Bureau of Prisons BP-521 (60) FEBRU start. 22 STREET, SEARSE EX40008495 513 1891 [714] 3A91 3 SIGGERS, KEVIN L TRAZODONE HOL RX400081010 FCI TAKE 181/2 TABLETS AT 8:30PM PILL LINE McKEAN ΡΑ 50 MG TARIET 16701 REFJELS Medications Pharmacy S80 (A) 083 SKID THIG MAGE'S EXPTESS GRANTINGS EXPIRES 06/03/99 814-362-8900 51627-060 03/05/99 DATE: SH Š NOON AM NOON E NOON ž NOON ¥ K PΜ Š SH Š PΜ PM NOON DATE: ΑM ΑM ころうべ Ten > Ę Ü 2 7... **ى**ب Ž, <sup>ί</sup>υ <u>Δ</u> 4 4 Ş ट् 9 ó Š, ¥, œ ۲, WN ç Ę y 4/1 5 **₹** wit Ξ 44 12 12 7.3 \_ 4 Č 4 5 2 نو 5 S 5 ₹ ٠.٧ 7 17 WK æ  $\overline{\infty}$ VN 9 19 2 120 12 Ą. 12 Ę 22 ٤, 22 1,3 ट् 13 ۲, 12 دا 135 ۲, Wis 35 7 83 26 36 27 5 ۶, 77 2 ٤, Ely 3 ß WN 3 چې 30 \_\_ Siggers, Kevin INSTRUCTION CONTRACTOR PROPERTY IN CONTRACTOR REG. NO. 51627-040

A PARTICULAR DE LA PART

Case 1:03-cv-00355-SJM-SPB Document 48-8 Filed 02/16/2006 Page 14 of 41 PILL LINE MEDICATION SHEET CE BP-521 (C Federal Bureau of Prisons SIGGERS, KEVIN L RX400081010 FOI MICKEAN, PA 16701 TAKE 18:1/2 TABLETS AT 8:30PM PILL LINE ુ TRAZODONE HOL 50 MG TABLET SIGGERS, KEVIN L 51627-0
"REFUSAL FORM SIGNED" AS PER PA GEORGY 10/28/98\* FOR MORNING DOSE OF TRAZODONE TRAZOBONE HOL SO MG TABLET TABLETS AT 8:30PM RX400075905 TRATAMENT SO MS TABLET FOI MCKEAM, PA 16701 ₹£#1. Ph 16701 755 30 3 XA Residence of the second Pharmacy Services REFILLS 5411533 9 SBOTH 184 COPENSEY Plating() Set vices Medications BUS ADS GEORGY EXPIRES 06/03/99 : 100 814-362-8900 8906 100 A BELLOTTI SABIANA 51627-060 -060 03/05/99 7/98 814-362-8900 814-362-8900 51627-060 51627-060 10/28/98 10/22/98 DATE: PM NOON A PM NOON NOON æ HS PΜ ŠΑ PM NOON × 7 HS NOON PΜ NOON DATE: ΑM PΜ Z. 4 4 M. M. Ç 6 0 00 00 200 9 10 11 12 13 14 15 Ξ 12 3 5 6 5 17 17 20 18 5 19 20 21 2 22 22 23 23 12 24 Z 13 Ź 25 26 5 26 27 2 5 E<sub>8</sub> 23 51627-040

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LEBLI Case 1:03-M-00355-SJM-SPB Page 15 of 41 Document 48-8 Filed 02/16/2006 INSTITUTION USP LEWISBURG REG. NO. NAME 3 20 53 5 22 28 26 27 27 2 21 22 23 24 25 23 74 53 22 2 20 20 8 19 6 4 ≊ 17 9 91 Æ 15 5 4 3 Ē 3 12 = 0 6 0 æ 9 9 5 5 4 3 7 NOON DATE: NOON NOON NOON DATE: ¥Χ ΑM ΑM (HS ΑM PM AMPM ΡM ΑM HS HS PM ΗS PΜ HS  $\overline{\mathbf{M}}$ HS Anthony Bussanich, M.D. Programme Control of the Control of Medications start:

(09) 4RY 1994

**PILL LINE MEDICATION** 

Federal Bureau of Prisons

U.S. DEPARTMENT OF JUSTICE

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PILL LINE MEDICATION SHEET

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BP-s620.060 PATIENT PROBLEM LIST CDFRM

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

	Р	ROBLEM LIST	
DATE NOTED	SIGNIFICANT DIAGNOSES	SIGNIFICANT OPERATIONS/ INVASIVE PROCEDURES	DATE
10/28/98	GSWBH:p 1984 =		
	Aspliciae placement + A	Atha: Lis	1984
12/4/98/	bust Depression		
	Mrs Done		
<u> </u>	colimbro - It din		
3/26/23	Wasse meth	icilla Reisbrut S	tari Acereu
9/23/83	Asthing		
1/1/	10010 A M	- 2/-/	
2/26/04	111K / Persenul alley	We Kristy)	
10:1		/	
10/12/09	GONOGRHEN/CLAMIA	A 1975	
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11/11/11	Ell History		
0/1404	Unitable // your for	Dotates-	
	Care Oppe I		
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2/26/04/	PEN & BATRIM		
Train !	PCN & BACTZIM O 6665		
\(2	DUST/MULL) ADVERSE / ALLERGI DRUG REACTIONS (If none, record	C "No Known Drug Allergies )	
. Alk	rgie to Pencilling,	BACTRIM	* .
		my Januch.	<u> </u>
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(Name, Reg #, DOB)

(This form may be replicated via WP)

Kewin Siggers 51627-060

# **Medication Summary Sheet**

Ord.Date SIGGERS, KEVIN LAMAR H. BEAM,MD 97/22/04 51627-060 (4)Papilis	
Exp. Date INHALE 2 PUFFS FOUR TIMES DAILY AS	
Rx# NEEDED	
170606 ALBUTEROL INH 90MCG 17GM #1	
Ord.Date SIGGERS, KEVIN LAMAR H, BEAM_MD 07/22/04 51627-060 MANAGERS	
Exp.Date INHALE 4 PUFFS TWICE DAILY	
Rx#	
170607 TRIAMCINOLONE ACETONIDE 200MCG/INH MDI / #1	
Ord.Date SIGGERS, KEVIN LAMAR H. BEAM, MD 51627-060	
Exp. Date  TAKE ONE TABLET THREE TIMES DAILY  WITH FOOD	
Rx#	
170608 IBUPROFEN 800 MG TAB #30	
10/12/04 51627-060 (0)Refills	
Exp. Date TAKE ONE TABLET TWICE DAILY DITTE	
174388 CIPROFLOXACIN 500 MG TAB #28	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Urd.Date SIGGERS, KEVIN LAMAR H. BEAM,MD 12/21/04 51627-060 (3)Refilis	
Exp.Date INHALE 2 PUFFS FOUR TIMES DAILY AS 04/19/05 NEEDED	
Rx #	
177526 ALBUTEROL INH 90MCG 17GM #1 Urg.paie SIGGERS KEVIN LAMAK H, BEAM,MD	
<u>12/21/04</u> 51627-060 (3)Refilis	
Exp.Date INHALE 4 PUFFS TWICE DAILY	
RX # 177527 TRIAMCINOLONE ACETONIDE 200MCG/INH MDI #1	
1 A A A A A A A A A A A A A A A A A A A	
03/11/05 51627-060 (4)Refils	
Exp.Date INHALE 4 PUFFS TWICE DAILY	
Rx # / 1	
180733 TRIAMCINOLONE ACETONIDE 200MCG/INH MOI #0	
Ord.Date SIGGERS, KEVIN LAMAR H. BEAM,MD 03/11/05 51627-060 (4)Pofile	
51627-060 (4)Refills Exp.Date INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
Rx#	
180734 ALBUTEROL INH 90MCG 17GM <b>V</b> #0	
Ord.Date SIGGERS, KEVIN LAMAR H. BEAM,MD	
(0)Reglis 04/09/05 A DAY	
Rx#	
180735 BACITRACIN OINT #1	

Ord.Date SIGGERS, KEVIN LAMAR D. OLSON 03/25/05 51627-060 (0)Refills TAKE ONE TABLET THREE TIMES DAILY Exp.Date WITH FOOD OR MILK AS NEEDED 04/23/05 Ord.Date SIGGERS KENNY #20 SIGGERS, KEVIN LAMAR <u>04/21/05</u> 51627-060 H. BEAM, MD Exp.Date INHALE 2 PUFFS FOUR TIMES DAILY AS (3)Refills 08/18/05 NEEDED Rx# ALBUTEROL INH 90MCG 17GM 182439 Ord.Date SIGGERS, KEVIN LAMAR <u>04/21/05</u> 51627-060 H. BEAM,MD Exp. Date INHALE 4 PUFFS TRYICE DAILY (3)Refills 08/18/05 Rx# TRIAMCINOLONE ACET CANDE 200MCG/INH MOI 182440 Ord Date SIGGERS, KEVIN LAMAR H. BEAM,MD 51627-060 Exp. Date TAKE ONE TABLET THREE TIMES DAILY WITH FOOD OR MILK AS NEEDED 06/19/05 Rx# 182441 IBUPROFEN 800 MG4AB #30 SIGGERS, NEVIN LAWAR <u>06/10/05</u> 51627-060 APPLY TO AFFECTED AREA EACH DAY

09/07/05
FOR 15 MINUTES THEN RINSE OFF

"EXTERNAL USE ONLY" (3)Refills SELENIUM SULFIDE LOTION 2.5% ML #1 184548 Old. Date SIGGERS, KEVIN LAMAK 51627-060 Exp. Date APPLY TO AFFECTED AREA DAILY
\*\*EXTERNAL USE ONLY\*\* (3)Refills <u>09/07/05</u> Rx# 184549 FLUOCINONIDE 0.05% OINT Ord.Date SIGGERS, KEVIN LAMAR H. BEAM, MD 08/23/05 51627-060 (4)Refflis EXP. Date INHALE 2 PUFFS FOUR TIMES DAILY AS 187983 ALBUTEROL 17 GM MDI Ord.Date SIGGERS, KEVIN LAMAR Н. ВВАМ,МО 08/23/05 51627-060 Exp Date: INHALE 4 PUFFS TWICE DAIL? 01/19/06 Rx# 187984 TRIAMCINOLONE ACETONIDE 200MCG/INH MDI Ord.Date SIGGERS, KEVIN LAMAR 08/23/05 H. BEAM,MD 51627-060 EXP. Date
11/20/05
TAKE TWO CAPSULES THREE TIMES
DAILY WITH FOOD (6)Refills 187985 INDOMETHACIN 25 MG CAP

#30

SIGGERS, KEVIN LAMAR 51627-060 MCKEAN HOUSING FACILITY - C02-07/22/2004

FCI McKean

Case 1:03-cv-00355-SJM-SPB 01/19/06 51627-060 √ (4)Refills Exp.Date INHALE 2 PUFFS FOUR TIMES DAILY AS 06/17/06 NEEDED "SHAKE WELL" 193993 ALBUTEROL 17 GM MDI Ord.Date SIGGERS, KEVIN LAMAR 01/19/06 51627-060 H. BEAM,MD EXPLOSE INHALE 4 PUFFS TWICE DAILY \*\*SHAKE (4)Refills Rx # 193994 TRIAMCINOLONE ACETONIDE 200MCG/INH MDI Ord.Date SIGGERS, KEVIN LAMAR H. BEAM,MD 01/19/06 51627-060 (6)Refills EXP. Date TAKE TWO CAPSULES THREE TIMES DAILY WITH FOOD Rx# 193995 INDOMETHACIN 25 MG CAP #30

Document 48-8

Filed 02/16/2006

Page 21 of 41

IMMUNIZATION RECORD COFRM AUG 96

### U.S. DEPARTMENT OF JUSTICE

### FEDERAL BUREAU OF PRISONS

<del></del>				TETANUS	TOXOIDS		
DATE	MFG'R	LOT #	EXP. Date	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
128/98	Everylt	092520	7/25/00	Blelt	J.m	Wongower	Nekous
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				TUBE	RCULIN TES	STS		···	
DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
10/28/98	Gerand	1248611	10/20/99	OFA	0.1a FD	Wentowery Weken	11/20/98	OXO	nutar
10/19/99	Coan.	2506-11	5/00	(C)FA	01/10	FC Mc War	10/15/19	CYD	need
10/3/00	Connacto	CUSZAA	10/8/01	DEA	574 ES	PC/ moke	10/5/00	0.0	CEChurch
10/24/01	Aventis	CO SIGNA	1/8/04	A)FA	O.Scc	Chunaberger McKary	10/26/01	٥٨٤٥	200
10/1/02	Aventis c	0984AA	5/14/04	UFA	0.1851	THREGAIN	23/3/2	Oxo	11 Ignia
10/10/03	Park.	WU15F	5/04	DAT	276	1195 9800	18/03	oxol	MINERAL
10/4/04	Paula	9125300	4106	RIA	0.1cc	FCI MCK	10/6/04	8	4.70
10/5/05	Park	21851	, , <del>,</del> –	B) FA	0,150	Douthit MCKean	10/2/05	\$ 1	Ruth
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Patient Identification (Name, Reg #)

(This form may be replicated via WP)

Kewin Siggers 51627-040

BP-s619.060 **IMMUNIZATION RECORD** CDFRM AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

	TETANUS TOXOIDS									
DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION			
5-31-98	Wyeth®	4918226	7/99	(R) Del	114	FMC Rock MS wand ahlka	FMC Rochuster, N.			
		,								

	TUBERCULIN TESTS									
DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY	
3/31/99	Connaught	2474-11	5-26-99	®Fcrear m	ID	Frechoch Millulohin	4-2-98	040	Drawer	

Patient Identification (Name, Reg #)

(This form may be replicated via WP)

SIGGERS, KEVIN L

51627-060

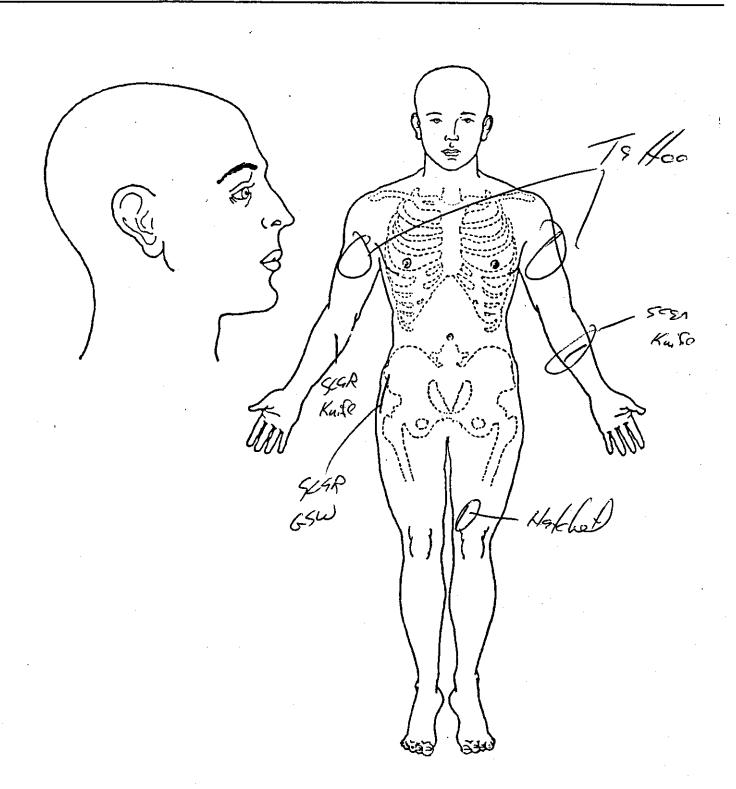
DOB: 08-22-1970

MEDICAL RECORD		REPORT	OF N	MEDICAL EXAMINATION  Date of EXAM  A C C	
1. LAST NAME-FIRST NAME-MIDDLE N	IAME .		•	2. IDENTIFICATION NUMBER 3. GRADE AND COMPONENT OR POSITI	1001
1. LAST NAME-FIRST NAME-WIDDLE IN	ce Kan			5/627-060	ION
1994/	FD, Zity or town, state	<u>/ l</u>		5. EMERGENCY CONTACT (Name and address of contact)	
4. HOME ADDRESS (Number, Street or R	5- th 5+	FIT. 3		G-WEN HLEXANDER (330)792	. 14
, 13// 8.70	٠,٠٠	12/11/20			<i>y</i> .
× / 1. / 1	Mous Jones	Valb		X 2925 ANCEL Ct.	
1 LIEUEIAA	OHIC	44106		Austrationa OHTO 445	<u> </u>
6. DATE OF BIRTH	7. AGE 8. SE	×/		9. RELATIONSHIP OF CONTACT	
18.22.70	<u> </u>	FEMALE 4 MAI	LE	Mother	
10, PLACE OF BIRTH	<u>'</u>	ACE		AMERICAN INDIAN/ HISPANIC HISPANIC ASIAN/PACIFIC	
Columbus	OHIO [	WHITE BLA	СК	AMERICAN INDIAN/ HISPANIC HISPANIC ASIAN/PACIFIC BLACK ISLANDER	
12a. AGENCY	12b.	ORGANIZATION UNIT	/	13. TOTAL YEARS GOVERNMENT SERVICE	
D-0 - 25		mark		a. MILITARY b. CIVILIAN	
TOUT - DON		1///	K 9	an	
14. NAME OF EXAMINING FACILITY OR	EXAMINER, AND ADD	RESS		15. RATING OR SPECIALTY OF EXAMINER	
FCI McKean				16. PURPOSÉ OF EXAMINATION	
P.O. Box 5000				A+0	
Bradford, PA 16701				MTO	
		17. CLI	NCIA	AL EVALUATION	
NOR- MAL (Check each item in appropria	te column, enter "NE"				BNOR
A. HEAD, FACE, NECK AND SCAL			MAL	NO. PBOSTATE (Over 40 or clinically indicated)	MAL
B EARS-GENERAL (INTERNAL C				P. TESTICULAR	<del></del>
	ty under items 39 and	40)	İ	Q. AMUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
22012 (2. f - vi - l				R. ENDOCRINE SYSTEM	
C. DBUMS (Perforation)			<del> </del>	S & SYSTEM	
D. NOSE	- <del></del>		<del> </del> -		<del></del>
E SINUSES				T. UPPER EXTREMITIES (Strength, range of motion)	
F MOUTH AND THROAT		<del></del>	<u> </u>	U. FERT	
G. EYES-GENERAL (Visual acuity a	nd refraction under ite	ms 28, 29, and 36)	<u> </u>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
H OPHTHALMOSCOPIC				W. SPINE, OTHER MUSCULOSKELETAL	·
I. PUPILS (Equality and reaction)				X. IDENTIFYING BODY MARKS SCARE (TATTOOS	<b>X</b>
J. OCULAR MOTILITY (Associated	parallel movements n	ystagmus)		Y, SKIN, LYMPHATICS	
K CUNGS AND CHEST				Z. NEUROLOGIC (Equilibrium tests under item 41)	
MEART (Thrust, size, rhythm, so	unds)			AA. PSYCHIATRIC (Specify any personality deviation)	
M. VASCULAR SYSTEM (Varicosis	ies, etc.)			BB. BREASTS	
N. ABDOMEN AND VISCERA (Incl				CC. PELVIC (Females only)	
NOTES: (Describe every abnormality in de	etail. Enter pertinent is	tem number before ea	ch com	omment. Continue in item 42 and use additional sheets if necessary)	
				<b>\</b> .	
•		-			
· · ·					
				•	
	•				
18. DENTAL (Place appropriate symbols, s	shown in examples, at	ove or below number	of upp	oper and lower teeth.) REMARKS AND ADDITIONAL DENTAL	
0 /	Non- X	x X	<del>. x</del>	Replaced Fixed DEFECTS AND DISEASES	
1 2 3 Restorable 1 2 32 31 30 Teeth 32 31 3	restorable	3 Missing 1 3	2 <u>3</u>	by 1 2 3 Partial Dentures 32 31 30 Dentures	
32 31 30 Teem 32 31 3	X (een) SI SI	× ×	<u>x x</u>	Delitates X	
1 1 2 3 4 5	6 7 8	9 10 11	12	13 14 15 16 E	
G 32 31 30 29 28	27 26 25	24 23 22	21	20 19 18 17 <del>f</del>	
Ţ	10 TEST DE	CHITC ICamira	~ f ==		_
	19, 1651 KE	JULIO (Copies		esults are preferred as attachments)  B. CHEST X-RAY OR PPD (Place, date, film number and result)	
A. URINALYSIS: (1) SPECIFIC GRAVITY	(4) MICROSCOF	PIC		4	
(2) URINE ALBUMIN					
(3) URINE SUGAR		E BLOOD TYPE AND		E OTHER TESTS	
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND FACTOR	vu	F. OTHER TESTS	•
			ļ	"	
			- 1		

Case 1:03-cv-00355-SJM-SPB Filed 02/16/2006 Page 25 of 41 Document 48-8 NAME IDENTIFICATION NUMBER NO. OF SHEETS ATTACHED **MEASUREMENTS AND OTHER FINDINGS** 22. COLOR HAIR 23. COLOR EYES 24. BUILD 25. TEMPERATURE pes SLENDER A MEDIUM HEAVY OBESE 26. BLOOD PRESSURE (Arm at heart level) 27. PULSE (Arm at heart level) A. SITTING **B. RECUMBENT** C. STANDING (3 mins.) В. C. STANDING D. AFTER EXERCISE E. 2 MINS. AFTER SYS. 120 SYS. SYS. SITTING DIAS RECUM-DIAS. DIAS. BENT 28. DISTANT VISION 29. REFRACTION 30. NEAR VISION RIGHT 20/20 **CORR. TO 20/** RY S. CX CORR. TO BY LEFT 20/17 **CORR. TO 20/** BY LEFT 20/ CORR. TO 20 31. HETEROPHORIA (Specify distance) S. CX CORR. TO BY R.H. ESO **EXO** L.H. PRISM DIV. PRISM CONV. PC PD 33. COLOR VISION (Test used and result) 34. DEPTH PERCEPTION (Test used and score) 32. ACCOMMODATION UNCORRECTED RIGHT LEFT CORRECTED 35. FIELD OF VISION 36. NIGHT VISION (Test used and score) 37. RED LENS TEST 38. INTRAOCULAR TENSION RIGHT LEFT LEFT 39, HEARING 41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) 40. AUDIOMETER 1000 2000 3000 4000 1024 2048 2896 4096 250 256 6000 8000 6144 8192 500 RIGHT WV /15 SV /15 512 RIGHT **LEFT WV** /15 SV /15 LEFT 42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary) 43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) Flow spend GE + LE 44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) 45A. PHYSICAL PROFILE U 46. EXAMINEE (Check) A. IS QUALIFIED FOR 45B. PHYSICAL CATEGORY IS NOT QUALIFIED FOR 47: IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER 8 Ε Α 48. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE 49. TYPED OR PRINTED NAME OF PHYSICIAN OLSON, M.D. T. Montgomery, MLP SIGNATURE 50. TYPED OR PRINTED NAME OF DENTIST OR PHOSICIAL (Indicate which) SIGNATURE 51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE

**MEDICAL RECORD** 

### **ANATOMICAL FIGURE**



PATIENTS IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility.)

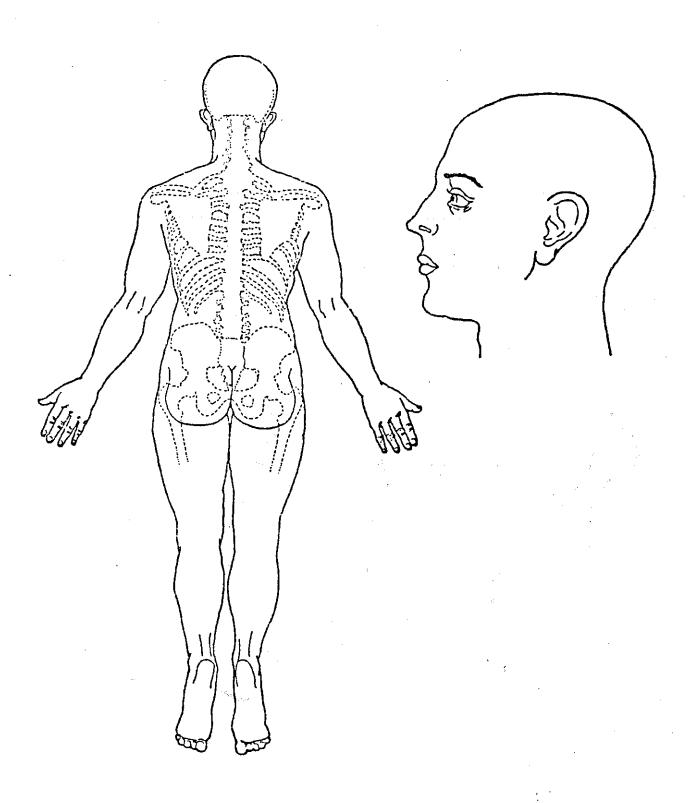
REGISTER NO. 51627-060

WARD NO.

**ANATOMICAL FIGURE** 

Kevin Siggers

STANDARD FORM 531 (Rev. 4-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1



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Federal	Burea Corp. 1:03-cv-0035	5-SJ	M-SPB	

	(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY												
		<u> </u>		א מאז	VILL	NOT BE	RELEASED TO UNAUTHORI	ZED	PEI	SSC	IAL US: NS)	EONLY	
1.	LAS	T NAM	E—FIRST NAME—MIDDLE NA	ME			2 REC						
	_	SI	GGENS LEG	-16		-AN	142		-			フェのノム	
3.	PUR	POSE O	F EXAMINATION		4	DATE					6 K	7-066	
			ITS:			12	13/98	5. EXAMINING FACILITY USP LEWISBURG					
i			<b>-</b>				·					HEALTH SERVICES UNIT	
6.	STAT	remen'	T OF EXAMINEE'S PRESENT I	EAL	TH A	ND MEI	DICATIONS CURRENTLY HISE	n Œ	llau	, bu	danaminei	1 FWISBURG, PA 17837 on of past history, if complaint arises)	
								.D (1 t	nio n	. Uy	иезстри	on of past history, if complaint arises)	
			•									·	
			j										
		_											
	. HAVE YOU EVER (Please check each item)  8. DO YOU (Please check each item)												
YES	ES NO (Check each item)  YES NO (Check each item)												
	- 4		with anyone who had tuberculosis						1		Wear	glasses or contact lense	
	1		ned up blood						7			vision in both eyes	
	۲,		xcessively after injury or tooth ex	ractio	1				$\exists$	ノ	Wear a	hearing aid	
	-7	·	pted suicide							1	/Stutter	or stammer habitually	
0.1			sleepwalker							7	Wear a	brace or back support	
9. H	HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)												
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	Y	ES	NO	DON'T		
	<del>-/</del> ,		Scarlet fever	+ 7	'-	122.10 11	Adverse reaction to serum drug	+		Ť	KNOW		
	/		Rheumatic fever	-	<del>                                     </del>	<del>                                     </del>	or medicine	-	+	1		Epilepsy or fits	
	_/		Swollen or painful joints	1	1		Broken bones	+,	/;	_		Car, train, sea or air sickness	
			Frequent or severe headache		1		Tumor, growth, cyst, cancer		/	T		Frequent trouble sleeping	
$\Box$	1	Dizziness or fainting spells , Rupture/hernia						1	$\top$	7		Depression or excessive worry  Loss of memory or amnesia	
	4		Eye trouble		1		Piles or rectal disease		†	1		Nervous trouble of any sort	
	<u>-                                    </u>		Ear, nose, or throat trouble		1		Frequent or painful urination	_	1	/		Periods of unconsciousness	
	_ !		Hearing loss		1		Bed wetting since age 12	$\top$	+	7	<del></del>	Have you ever had	
	1		Chronic or frequent colds		17		Kidney stone or blood in urine	7				homosexual contact?	
_	_i,		Severe tooth or gum trouble		1		Sugar or albumin in urine	_	+	Ž		Been exposed to AIDS	
	_}		Sinusitis				VD-Syphilis, gonorrhea, etc.	† -	Ť	7		Alcohol Use (Excessive)	
4	I		Hay Fever		1		Recent gain or loss of weight		1	11		Drug Use/Addiction	
_	4,		Head injury				Arthritis, Rheumatism, or Burside	7	1			Marijuana (S)	
4	$\mathcal{A}$		Skin diseases	/			Bone, joint or other deformit	7		7		Cocaine	
	4/		Thyroid trouble		1		Lameness			7		Heroin	
-	4		Tuberculosis		7		Loss of finger or toe			4,		L.S.D.	
+	-{}		Asthma	-/-			Painful or "Trick"shoulder or elboy	v				Amphetamines	
+	<del> </del>		Shortness of breath	4	_		Recurrent back pain 🔾					Others: (Specify)	
	+		Pain or pressure in chest				'Trick" or locked knee	ļ. <u>.</u>	L	4			
+	+	<del></del>	Chronic cough		1)		Foot trouble	_	'			Alcohol or drug	
+	$\leftarrow$		Palpitation or pounding heart Heart trouble		-		Neuritis	<u> </u>		$\perp$		Withdrawal Problems	
	Taratysis (include infantile)							<u> </u>	L				
+	1	<del></del>	High or low blood pressure		_			_					
-	+		Cramps in your legs Frequent indigestion					10.	FEN	IAL	ES ONL	Y HAVE YOU EVER	
-	1		Stomach, liver, or intestinal trouble	<del></del>	$\dashv$		·	ļ	1	1		Been treated for a female disorder	
+	1		Gall bladder trouble or gallstones		+			<del> </del>	_	1		Had a change in menstrual pattern	
+	<del></del>		aundice or hepatitis	-+					_	$\downarrow$		ARE YOU PREGNANT	
. W	НАТ		IR USUAL OCCUPATION?					<u> </u>	Ļ			SUSPECT YOU ARE PREGNANT	
			<b>A</b>	-11							OU (Chec	· ·	
			L ABO	<u>/_</u>				V	Rig	ht l	nanded	Left handed	
												<u> </u>	

	CHECK EACH ITEM YES OR NO EVERY ITEM CHECK	KED VES MI	IST B	RE FULLY EXPLAINED IN BLANK SPACE BELOW					
	CHECK EACH ITEM TES OR NO EVERT ITEM CITES	YES							
YES NO	13. Have you been refused employment or been unable to hold a job or stay in school because of:	1.55	1	18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)					
	A. Sensitivity to chemicals, dust, sunlight, etc.     B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other					
	C. Inability to assume certain positions.	— <i>(</i>		than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)					
-/-/	D. Other medical reasons (If yes, give reasons.)			20. Have you ever been rejected for military service because of					
11	14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details).		1	physical, mental, or other reason? (If yes, give date, and reason, for rejections.)					
1	15. Have you ever been denied life insurance? (If yes, state reason and give details.)		1	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for un-					
7	16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occured.)		<del>                                     </del>	fitness or unsuitability.)					
1	17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete addr of hospital.)		1	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)					
EXPLANA	TION: (#13-22 ABOVE) Be Deens a psychologis	st∙se	νc	e childhead.					
I certify the	at I have reviewed the foregoing information supplied by me and that it spitals, or clinics mentioned above to furnish the Government a comple	is true and co	omplet	te to the best of my knowledge. I authorize any of the medical record.					
(	R PRINTED NAME OF EXAMINEE		NAT	1 R					
11122 01				Kun O Sice 51627-060					
	CREENING:			E BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS					
	RECEIVED FROM: COURT TRANSFER P.V	<del></del>							
OTHER			OES	PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL					
APPEARA	YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICII NCE. CONDUCT, STATE OR CONSCIOUSNESS, RASHI	DE, ES,		F YES NO					
IAUNDIC	E, BRUISES AND/OR MARKS, SWEATING, BODY DEFOR TC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.	IVI	DUTY STATUS: TEMPORARY WORK RESTRICTED						
IF DRUG	S HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUC	ch, C	GENE	RAL POPULATION YES NO					
	TEN, HOW USED. WHEN WERE THEY LAST USED: HA		YPE	AND EXTENT OF LIMITATION					
any ad	ian's summary and elaboration of all pertinent data (Physician shall conditional medical history he deems important, and record any significant	nment on all p t findings here		Sucedal Hough?					
S.C.	x Tia fell down stups ithrutis whole body.		Ч	1 1					
t u	$\alpha_0$ , $\alpha_0$ ,	ا ( منا	Uh ^ Y	ul playing socate.					
(A) [	reds i Rochester	لان لم	ו אל	nes life. gust placed n					
(2)11	grage								
6 P	cri-Thuris eggs-	hu	بنو						
TYPED O	R PRINTED DEME OF ZUIDET, RN DATE 10 13 98	SIGNATI	IRE	NUMBER OF ATTACHED SHEETS					

													<del></del>
	ZIKI	NFORMA	ATION IS FOR OFFICIAL AND	MED	ICALL	Y CONF	IDENTIAL USE ONLY	AND					SED TO UNAUTHORIZED PERSONS)
. 1	LAST	VAME - F	IRST NAME-MIDDLE NAME				/ /		<u> </u>			R NUMBI	and the second
		SE OF 6	System of France Product	4. 0/	ATE O	F EXAM	INATION		5. Fed	EXA era	MINII L Tr:	NG FAC: Onsfer	Center, Oklahoma City, OK
6.	STATE:	ST Car	F EXAMINEE'S PRESENT HEAL	TH A	ND ME	DICATI	ONS CURRENTLY USE	Ð (F					
7.	HAVE '	YOU EVE	R (Please check each ite	m)				8. (	o YC	U (	Pleas	e chec	k each item)
YES	NO	į	(Check eac	ch i	( em		-	YES	NO				(Check each item)
	7	Live	with anyone who had tub	ercu	losis			~		W	ear g	lasses	or contact lenses
	Coughed up blood									н	ave v	ision	in both eyes .
	Bled excessively after injury or tooth extr						ction			ų,	ear a	heari	ng aid
		Atter	mpted sutcide							ş	tutte	rars	tammer habitually
-		Seen	a sleepwalker							y.	ear a	brace	or back support
9.	HAVE	YOU EVI	ER HAD OR HAVE YOU NOW (P	l eas	e che	ck at	left of each item	)					
231	NO	T'KOO WOKX	(Check each item)	YES	NO	KNON'T	(Check each	item)	1	ES	NO	דיאסט אסאא	(Check each item)
	-	İ	Scarlet fever	1			Adverse reaction to / Epilepsy or fits				Epilepsy or fits		
	F		Rheumatic fever				drug or medicine				1		Car,train,sea or air sickness
	-		Swallen or painful		1		Braken bones			1			Frequent trouble sleeping
			joints		ر	<u> </u>	Tumor, growth, cyst, car		cer	/			Depression or excessive worry
			Frequent or severe		سا		Rupture/hernia			_	_/		Loss if memory or ammesia
7			headache				Piles or rectal d	isea	se				Nervous trouble of any sort
	1/		Dizziness or fainting	1			Frequent or		-	_			Periods of unconsciousness
	.		speils	p <sup>2</sup>	<u> </u>	<u> </u>	painful urination		_				Have you ever had
			Eye trouble		-	<u> </u>	Bed wetting since	age	12	_			homosexual contact?
	/	1	Ear, nose, throat trouble	1		<u> </u>	Kidney stane or		_	1			Been exposed to AIDS
	/	1/	Hearing loss	/			blood in urine			$\downarrow$	-		Alcohol Use (Excessive)
	1/	1	Chronic, frequent colds				Sugar, albumin in		<del></del>	$\downarrow$			Orug Use/Addiction
٠,/			Sever tooth, gum trouble			<u> </u>	VO-Syphilis, gono	rrhea	, ,	ÿ			Mari juana
	1		Sinusitis				etc.			$\frac{1}{2}$			Cocaine
	12		Hay Fever	<u> </u>	<u> </u>	<u> </u>	Recent gain or los	ss of	<u> </u>	<u> </u>		<del></del> ;	Heroin
	1 /		Head injury		<u> </u>	<u> </u>	weight			<u> </u>	L.S.D.		
			Skin diseases	-		<u> </u>	Arthritis, Rheuman	tism,		<u> </u>			Amonetamines
		·	Thyroid trouble				or Bursitis			<u>!</u>			Others: (Specify)
	! -		Tuberculosis	ļ.,	<u> </u>	!	Bone, joint or		<u>!</u>	-!	_!	!	
	;	İ	Aschma	٠.		<u> </u>	other deformity		_ <u>-</u> !	;	İ		Alcohol or drug
	i,	İ	Shortness of breath	ĺ	į .	į	Lameness		į	:	i	ļ	Hithdrawal Problems

	(	Case 1:03-cv-00355-SJ	M-SP	P <u>B</u>	Docum	ent	48-	8 0e	File	<del>d 0</del>	<del>2/</del> 16	/20 <del>06 Page 31 of 41</del>
1/		Pain, pressure in chest	1 +		painful or			<del>-</del>	$\dashv$			
-		Chronic cough	<del>                                     </del>		shoulder				10.F	ĐALE	S CNL	Y HAVE YOU EVER
<del>-                                    </del>		Palpitation or pounding	<u> </u>						i			Been treated for a
- <del></del>	<del></del> _	heart	<u> </u>		Recurrent							lfemale disorder
- <del></del>		Heart trouble	<u> </u>		"Trick" 0		cxed	knee				1
		High or low blood			Foot trou	ьle					<u> </u>	
	<u> </u>	pressure			Neuritis					<u>.                                    </u>	<u> </u> 	
	<u>!</u>	Cramps in your legs	1		Paralysi	s (in	clude	!		<u> </u>	<u> </u>	
<u>√                                    </u>	<u> </u>	Frequent indigestion	<del></del>	1	infantil	e)			<u> </u>	<u> </u>		SUSPECT YOU ARE PREGNANT
/	<u> </u>		<u></u>		Gall bl	adder	trou	ible or	<u> </u>	<u> </u>	<u> </u>	
	<u> </u>	Stomach, liver, or	_ <del></del>	<del>                                     </del>	gallsto	nes			<u> </u>	<u> </u>		
	<u> </u>	intestinal trouble	<del>-                                    </del>	<u> </u>	<del></del>						<u> </u>	
/		Jaundice or hepatitis		<u> </u>	112. ARE	YOU	(chec	k ane)	΄□	Light	hand	ed 🗌 Left handed
11. WHA	T IS	YOUR USUAL OCCUPATION?			A CHECKED	YES	MUST	BE FULL	Y E	PLAI	NED IX	BLANK SPACE BELOW
		CHECK EACH ITEM YES OR	NO EVE			YES	סא		_			
YES NO						1	<u> i</u>	18. Na	/e y	ou ev	er had	any illness or injury noted?
	12	to hold a job or stay in so	yment o	icause	of:			(1	f ye	s, sp	ecify	when, where, and give details.)
į	-	to hold a job or stay in so A. Sensitivity to chemicals	, dust,	, suni	ight, etc.			19. Ha	ve y	ou co	nsul te	ed or been treated by clinics,
	B. Inability to perform certain motions     C. Inability to assume certain position				•	!  -		i ui	thin	the	cast :	female disorder  Mad a change in  menstrual pattern  ARE YOU PREGNANT  SUSPECT YOU ARE PREGNANT  SUSPECT YOU ARE PREGNANT  and any illness or injury noted?  The standard of t
					s.	1	[ ]	do	ctor	, hos	pital	, clinic, and details.)
					reasons.)	一	<u> </u>	20. Ha	ve y	ou e	rer be	en rejected for military service
<u> </u>	<u> </u>		i for a	menta	al .		İ	) be	caus f ye	e of s, g	physion ive da	cal, mental, or other reason: te, and reason, for rejections.)
		coudition; (1) leas about	y when,	where	e, and	-	<del>!</del>	71   U:		mu e	ver be	en discharged from military
		give details).	life ir	ารนาสก	ce?			i	::			of physical, mental, or other
į	- 1	<ol> <li>Have you ever been denied reason and give details.)</li> </ol>				-		i a	i ech:	of the	unethe	r honorable, other than
			been ar	dvised • and	to have,		<del> </del>	·i				
		16. Have you had, or have you any operations? (If yes, at which occurred.)	describi			_		i h	245	VOIL 2	col i ec	for pension, or compensation.
			ent in	any th	ype of	4		f k	for existing disability? (If yes, specify kind, granted by whom, and what amount,			
		17. Have you ever been a pati hospital? (If yes, specif name of doctor and comple	y when,	ess o	f hospital	.ə[_	<u> </u>	<u> </u>	hy.]			
		I name of doctor and company					s true	and cond	iet#	to the	best of	f my transcript of my medical record.
l cert	ify t	nat I have reviewed the foregoing info	mation it tals, or (	cinnics	mentioned abo	ove 10	furnis	n the GOV	€? The	nt a c	Olid rese	Craise the or of
£ Li€Mi + 6		INTED MANE OF EXAMINEE		l sign	THERE BEEN	NY 291	09LE:5	SINCE STO	PP!N	n≠€	SE OF C	RUGS
INTAX	E SCRE	ENING	$\begin{pmatrix} 1 & 1 \end{pmatrix}$		GE TIME	_						
		EVED FROM: COURT TRANSFER			STAFF TES	— "				C. 31		
		AFF'S COMMENTS AND OBSERVATIONS. PLEM R ANSWERS TO MENTAL STATUS, POTENTIAL CONCUEST, STATE OR CONSCIOUSNESS, ANS			PAR ARRA	ZHEHTS	HAVE	355) 14CE				
JAUNC	DICE.	SRUISES AND/CR MARKS SALA THE DOCK ZZ	<u> </u>		CONTRACT FOR	S TEM	CRARY		3	ICTED		
15 U	erres 9	AVE BEEN USED NOTE THE DATE OF	4346		COURT STATUS GENERAL POS FIRE WID E				و جہ	nswer:	ta ita	a & Corcugn 22, Physician may develop by
HOM 1	OFTEN Physic	THE Drug Allergies  The Drug Allergies	jartiment es importi	jata é ant 🍂	Age an institution	i com	cant "	-01755 7	·**	mere o	<del></del>	
ince	ry Lew	any addressmall Terror Transcript of DAT	ξ (	ญิซิติ	unfe	<del></del> -		1 1	/1	71665 . /	SHET	
EKAN	1) LX		W.	<b>7</b> 6	lergies:	1	CA	1/1	11	291	ran	_
-		Factor Drug Allergies	(10	Comp	mints:	Comp	ysis:	c of , nig	n c	svea	ts, '	ic.les
	Ø,	Fred or Drug Allergies Siment Medical Status Sacigns and Symptom(s		35	.009	•					•	

Filed 02/12/2006L PRISONS (THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS) 2. REGISTER NUMBER 1. LAST NAME-FIRST NAME-MIDDLE NAME L. SIGGER SR, 4: DATE OF EXAMINATION 5. EXAMINING FACILITY 3. PURPOSE OF EXAMINATION Federal Transfer Center, Okiahoma City, OK Intake Screening 6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEMAN INSTALLABLE (Follow by description of past history, if complaint arises) 8. DO YOU (Please check each item) 7. HAVE YOU EVER (Please check each item) YES YES NO (Check each item) NO (Check each item) Lived with anyone who had tuberculosis Wear glasses or contact lenses Have vision in both eyes Coughed up blood v Bled excessively after injury or tooth extraction Wear a hearing aid v Stutter or stammer habitually Attempted suicide Been a sleepwalker Wear a brace or back support 9. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item) DON'T DON'T YES NO (Check each item) YES NO DON'T (Check each item) (Check each item) YES NO KNOW KNOW KNOW  $\nu'$ Scarlet fever Adverse reaction to Epilepsy or fits drug or medicine Rheumatic fever Car, train, sea or air sickness 11 Swollen or painful Broken bones Frequent trouble sleeping Depression or excessive worry Tumor,growth,cyst,cancer ioints Rupture/hernia Loss if memory or amnesia Frequent or severe Piles or rectal disease Nervous trouble of any sort headache 10 Periods of unconsciousness Frequent or Dizziness or fainting painful urination Have you ever had spells ſ. Bed wetting since age 12 homosexual contact? Eye trouble Kidney stone or Been exposed to AIDS Ear, nose, throat trouble blood in urine Alcohol Use (Excessive) Hearing loss Sugar, albumin in urine Drug Use/Addiction Chronic, frequent colds Sever tooth, gum trouble ۷ VD-Syphilis, gonorrhea, Mari iuana  $\iota$ 1 Sinusitis etc. Cocaine Heroin Hay Fever Recent gain or loss of L.S.D. Head injury weight Arthritis, Rheumatism, Skin diseases Amphetamines Others: (Specify) Thyroid trouble or Bursitis Bone, joint or lTuberculosis , Alcohol or drug other deformity

Shortness of breath

1

Lameness

Withdrawal Problems

~		Case	1:03-64-20354-29-M	-SF	В	Doc	umen	48	g& c	r Filed	02	/16/	2006	Page 33 of 41		
1			Chronic cough	12			Painful	or	"Tric	k"						
1			Palpitation or pounding	j.			shoulde	ר סר	elbo	H	10.	FEMAL	ES ONL	Y HAVE YOU EVER		
<u> </u>			heart				Recurre	nt b	ack p	ain				Been treated for a		
1			Heart trouble	1		-	"Trick"	or	locke	d knee				female disorder		
<u> </u>			High or low blood	ı			Foot tr	oubl	e					Had a change in		
F			pressure	1			Neuriti	s	·					menstrual pattern		
<i>y</i>			Cramps in your legs	te.			Paralysis (include							ARE YOU PREGNANT		
v			Frequent indigestion	,			infanti	le)						SUSPECT YOU ARE PREGNANT		
1			Stomach, liver, or	2.7			Gall b	ladd	er tr	ouble or		<u> </u>				
V			intestinal trouble				gallst	ones				<u> </u>				
V			Jaundice or hepatitis	V	<u></u>											
11.	WHAT	IS YOU	UR USUAL OCCUPATION?				12. ARE	YOU	(che	ck one)	<u>'</u>	Right	handed	I C Left handed		
			CHECK EACH ITEM YES OF	S NO	EVER	Y ITEM	CHECKED	YES	MUST	BE FULL	Y EX	PLAIN	ED IN	BLANK SPACE BELOW		
YES	NO							YES	NO							
		i to	ave you been refused emplo o hold a job or stay in so . Sensitivity to chemicals	choo	l bec	ause of	f:		Ì,					any illness or injury noted? hen, where, and give details.)		
		<u> </u>	. Inability to perform cer			<del></del>	-	-						or been treated by clinics, s, or other practitioners		
	`\	<u> </u>	. Inability to assume cert					-		wit	within the past 5 years for other than minor illnesses? (If yes, give complete address of					
	2	<u> </u>						— ,						clinic, and details.)		
		14. H:	ave you, ever been treated	e you, ever been treated for a mental dition? (If yes, specify when, where, and e details).					l l	bec (If	Have you ever been rejected for military s because of physical, mental, or other reas (If yes, give date, and reason, for reject Have you ever been discharged from militar					
	ز		ave you ever been denied leason and give details.)	life	insu	rance?	<u>.</u>		; 2	ser rea dis	vice sons char	beca ? (If ge wh	use of yes, : ether	peen discharged from military e of physical, mental, or other es, give date, reason, and type of her honorable, other than unfitness or unsuitability.)		
V		j a	ave you had, or have you b ny operations? (If yes, de t which occurred.)	een escr	advi: ibe a	sed to nd give	have, age	 		22. Hav	e yo	u eve	r rece			
		i he	ave you ever been a patier ospital? (If yes, specify ame of doctor and complete	whe	n, wh	ere, wi	y, and		ů.	for kin	have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when why.)					
I cert	ify th	at I hav	re reviewed the foregoing informa	tion	suppli	ed by me	and that	it is	true	and complet	e to	the be	stofmy			
knowle	edge.	I author	re reviewed the foregoing informatize any of the doctors, hospital	s, or	CIINI	CS MENTIC GNATURE	oned above	to Ti, ریت	Jrm Sn	the Govern	nent	а сопр	iete tran	script of my medical record.		
	SCREE					THERI OR A	BEEN ANY	PROB	EMS S	INCE STOPPI	NG TH	E USE (	OF DRUGS			
INMATE OTHER	RECEI	VED FROM	1: COURT TRANSFER P.V.		=			FED TO	) BE -81	EN IMMEDIA	TELY	BY THE	MEDICAL	_		
DIREC	T YOUR	ANSWERS	MENTS AND OBSERVATIONS: PLEASE TO MENTAL STATUS, POTENTIAL SUIC STATE OR CONSCIOUSNESS, RASHES.	IDE.		STAF	YES ARRANGEMEI	NO.				· ·		_		
JALIND'	ICE BR	UISES AN	NO/OR MARKS. SWEATING, BODY DIE OBSERVATIONS IN BLOCK 23 BELO	W.		DUTY	STATUS: TI	EMPORA	ARY JHO		RICTE			<del></del>		
HOW OF	TEN, H	OW USED.	ISED. NOTE TYPE. HOW LONG, HOW MU WHEN WERE THEY LAST USED: HAVE	-		gene) Type	RAL POPULA AND EXTEN	TION T OF E	THITA	110N NO -						
23. Pr	nysicia Gewan	n's summ	mary and elaboration of all perti- ional medical history he deems im	nent port	data (i	Physician	shall cor any signi	mment ficani	on al' t find	i positive ings here.)	answe	rs 1/1	item 6 th	nrough 22. Physician may develop by		
TYPE	Sist T.C.	ered Okla	nary and elaboration of all pertional medical history he deems im  Else this Enn or DATHALL  NUISE  homa City, OK	K	\$1G	BATURE /				N A	UMBER TTACH	OF ED SHEI	ETS			
	ŀ	ood o	or Drug Allergies	NAME OF THE PERSON NAME OF THE P		Jaint	s. Com	pla	int	of						
	7	B Sig	gns and Symptom (s)	NON	E; c	ough,	hemop	tys	is,	night	swe	ats,	wt.l	os		

# NOV 94 U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

(Medical staff shall compl Institution)	ete this scr	eening form on	all arrivals	to the
Institution FCI Mc Lean	Date of /0/2//		Time of Arr	
Inmate's Name	)	Register Numb		1
MED	ICAL	LEARAN	CE	
1. BP-149(60) reviewed? □	yes; 🗆 no (E	xplain)		
	#.	<u> </u>		
<ol><li>General Population Hous need)</li></ol>	ing Approved	? ☑ yes; ☐ no	(Specify limi	tation or
e e e e e e e e e e e e e e e e e e e		/ \'	e Liverine	
3. Approved for Temporary or exclusions)	Work Assignm	ent? yes, o	no (Specify 1	imitations
4. For Holdovers: OK for	Continued Tr	ansport? 1 yes	no (Expla	in)
5 Disabilities?   yes	no (If ye Code(s		s) into MDS)	
6. Remarks: Pending	Medical	clearance	P	
Medical Staff Signature  W. H. M. W. W.	the sale	Date 10/2//99	Time /2	75
Medical Staff Title		,		
Record Copy - Inmate Centr (This form may be replicated via WP)	al File; cop	y - file	Replaces BP-354(6 and BP-S354 of Al	50) of APRIL 1990 IG 1994

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994



BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV	94
1101	/-

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete Institution)	this screening form	on all arrivals to the
Institution USP Lewisburg	Date of Arrival	Time of Arrival
Inmate's Name	Register Nu 5 163	umber 27-@0
MEDI	CAL CLEARA	NCE
1. BP-149(60) reviewed? ∉yes	s; 🗆 no (Explain)	
<ol> <li>General Population Housing need)</li> </ol>	g Approved? 🗆 yes; 🞜 i	
3. Approved for Temporary Wor or exclusions)	rk Assignment? 🗆 yes;	Tho (Specify limitations
4. For Holdovers: OK for Con	ntinued Transport? A	yes; 🛘 no (Explain)
5. Disabilities?   yes	no (If yes, enter co Code(s)	de(s) into MDS)
the second of th		
6. Remarks:		
Medical Staff Signature		Time 2120
Medical Staff Title	Hope E. Zeiber	, hiv
Record Copy - Inmate Central	File: copy - file	

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM NOV 94	Filed 02/16/2006 Page 37 of 41
W.S. ISIGGERS  KEVIN L (Medi B/M/O/08-22-1970  Institut/Col	FEDERAL BUREAU OF PRISONS
Insti HT/601 WT/230 HR/BK EY/BN Insti	form on all arrivals to the
<del></del> Inmat	Time of Arrival
М Б D 1 С В	FMC Rochester, MN
1. BP-149(60) reviewed? [] yes; [] no (Expla	in)
	•
2. General Population Housing Approved?  need)	yes; no (Specify limitation or
3. Approved for Temporary Work Assignment? or exclusions)	D yes; no (Specify limitations
4. For Holdovers: OK for Continued Transpo	ort?   yes;   no (Explain)
5. Disabilities?	nter code(s) into MDS)
6. Remarks:	
Medical Staff Signature  Date  Date	3/26/98 Time 2/00
Medical Staff Title Gary!	Kunz, FNP-C

Record Copy - Inmate Central File; copy - file (This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994

3. Approved for Temporary Work Assignment? Ú yes; 🛘 no (Specify limitations

4. For Holdovers: OK for Continued Transport? ☐ xes; ☐ no (Explain)

5. Disabilities? □ yes (If yes, enter code(s) into MDS) 🛛 no

6. Remarks:

Medical Staff Signature

Date MAR 1 8 1998

Time

Medical Staff Title

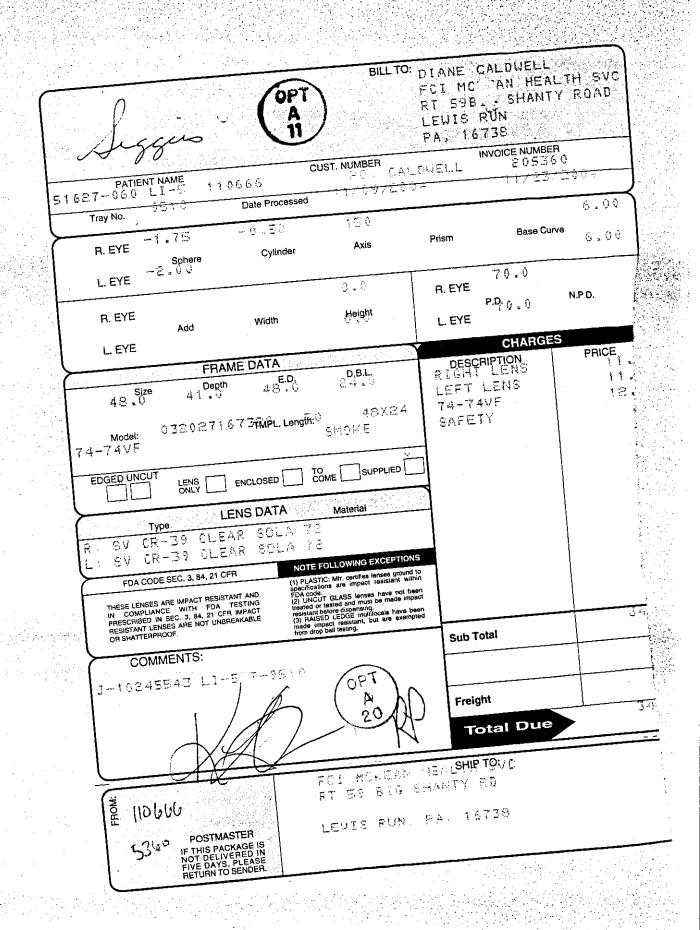
Jason Genzer, LTJG Registered Nurse

F.T.C., Oklahoma City, OK

Record Copy - Inmate Central File; copy - file (This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994





513-110 Case 1:03	<del>-cv-00355-SJ</del> M-S	SPB Document	-48-8 Fik	<del>ed-02</del> /16/ <del>200</del>	6 Page 4	ISN 7540-00-634-4127
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PATIENT'S IDENTIFICATION (For typed	or written entries give: Name	:—last, first, middle; grade; ra	nk; rate; hospital or	medical facility)		
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			Healewen o	1 7/1/4		al Record
			Date. 1	19101	STANDARD FORM 513 (RE	EV. 8-92)

STANDARD FORM 513 (REV. 8-92) Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

513-110

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TO:						
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